CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECOVER RAGE



Date Received FF

Please type or print in ink.

2013 APR -8 PIFIED 27 NAME OF FILER (LAST) **Fuentes** Marie 1. Office, Agency, or Court Agency Name City of El Segundo Division, Board, Department, District, if applicable Your Position Mayor Pro Tem Council ▶ If filing for multiple positions, list below or on an attachment. Refer to attached Position: ___ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County _ County of ___ City of El Segundo Other _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left ____/____ Annual: The period covered is January 1, 2012, through December 31, 2012. (Check one) O The period covered is January 1, 2012, through the date of The period covered is ______, through leaving office. December 31, 2012. O The period covered is _____/___, through Assuming Office: Date assumed ____/___/_ the date of leaving office. Candidate: Election year _____ and office sought, if different than Part 1: __ 4. Schedule Summary ► Total number of pages including this cover page: Check applicable schedules or "None." Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule 5. I have used all reasonable diligence in preparing this statement. It ained herein and in any attached schedules is true and complete. I ack I certify under penalty of perjury under the laws of the State of Date Signed March 5, 2013 (File the originally signed statement with your filing official.)

AGENCIES/COMMITTEES FORM 700 MAYOR PRO TEM SUZANNE FUENTES

AGENCY	POSITION	PERIOD
CITY OF EL SEGUNDO	COUNCIL	01/01/2012
COUNCIL	MEMBER/	12/31/2012
	MAYOR PRO	
	TEM /	
LEAGUE OF	ALTERNATE	05/01/2012
CALIFORNIA CITIES		12/31/2012
MUNICIPAL AREA	ALTERNATE	01/01/2012
EXPRESS (MAX)		12/31/2012
REACH OUT AGAINST	DELEGATE	05/15/2012
DRUGS (ROAD)		12/31/2012
SOUTH BAY CITIES	ALTERNATE /	01/01/2012
COUNCIL OF	DELEGATE	12/31/2012
GOVERNMENTS (COG)		
SOUTHERN	ALTERNATE	05/01/2012
CALIFORNIA		12/31/2012
ASSOCIATION OF		
GOVERNMENTS		
CITY / SCHOOL	DELEGATE	05/01/2012
AFFAIRS		12/31/2012
SUBCOMMITTEE		
SENIOR CITIZEN	LIAISON	05/01/2012
HOUSING		12/31/2012
CORPORATION BOARD		
(PARK VISTA)		

SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
SUZANNE FUENTES	

1. INCOME RECEIVED	► 1. INCOME RECEIVED .
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Northrop Grumman Corporation	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1840 Century Park East, LA, CA 90067	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Defense and Technology	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Quality Assurance Manager	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership	☐ Loan repayment ☐ Partnership
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
, ,	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD ,
4	ending institutions, or any indebtedness created as part of a
	e lender's regular course of business on terms available to
members of the public without regard to your official st	atus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follow	/S :
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000 .	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
	(2-0-0-0-)
'	

SCHEDULE D Income - Gifts



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► NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	(Not an Acronym)	
Northrop Grum	man				
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
1 Hornet Way,	El Segundo, C	A 90245			
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Defense and To	echnology				
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S) (LAEDC) City of EI	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11,08,13	\$	Segundo Eddy Award Finalist		\$	
	\$			\$	
	\$			\$	
► NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	(Not an Acronym)	
ADDRESS (Business	Address Acceptable)	ADDRESS (Busines	s Address Acceptabl	le)
BUSINESS ACTIVITY	, IF ANY, OF SOUR	CCE	BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	
	\$			\$	
► NAME OF SOURCE	(Not an Acronym)		► NAME OF SOURCE	E (Not an Acronym)	
ADDRESS (Business	Address Acceptable)	ADDRESS (Busines	s Address Acceptabl	ie)
BUSINESS ACTIVITY	, IF ANY, OF SOUR	CE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$			\$	
	\$			\$	-
	s		·	\$	
Comments:					

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
Name		
SUZANNE FUENTES		

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym) West Basin Municipal Water District	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 17140 S. Avalon Blvd., #210	ADDRESS (Business Address Acceptable)
CITY AND STATE Carson, CA 90746	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 04 , 20 , 12 - 04 , 21 , 12 AMT: \$ 649.28	DATE(S):
TYPE OF PAYMENT: (must check one) 🔽 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
✓ Other - Provide Description	Other - Provide Description
Represented the City of El Segundo at the State Water Project Tour	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
·	
Comments:	